

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018180

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

FILED MAY 21 1962

Primary Registration District No.

3007

Registrar's No.

744 770

STATE FILE NUMBER

VS 300
Rev. 4/59

10128

2090

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94200

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125-0

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BOLLINGER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		Length of stay in lb 15 DAYS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA. HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS UNKNOWN		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First FRED Middle NMI Last CLONINGER		4. DATE OF DEATH Month APRIL Day 20 Year 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-18-88
9. AGE (last birthday) 74		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE	
11. BIRTHPLACE (City and state or country) MARQUAND, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME WILLIAM CLONINGER		13b. MOTHER'S MAIDEN NAME MARTHA C. DUDLEY	
14. NAME OF HUSBAND OR WIFE MARTHA LOUISE CLONINGER		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) YES WW I	
16. SOCIAL SECURITY NO.		17. INFORMANT Address VA. HOSPITAL RECORDS, POPLAR BLUFF, MO.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCT <i>WTC</i> DUE TO (b) THROMBOSIS CORONARY ARTERY <i>WTC</i> DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE <i>WTC</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) DIABETES MELLITUS		INTERVAL BETWEEN ONSET AND DEATH 2 HOURS 3 1/2 WEEKS --	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>APRIL 5, 1962</u> to <u>APRIL 20, 1962</u> and last saw <u>alive on</u> Death occurred at <u>12:24AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Robert S. Cohen</u> ROBERT S. COHEN M.D. Chief, Med. Svc. 22b. ADDRESS VA. HOSPITAL POPLAR BLUFF, MO. 22c. DATE SIGNED 5-3-62	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 4-22-62	
23c. NAME OF CEMETERY OR CREMATORY Advance, Mo.		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR W. H. Morgan		25. DATE RECD. BY LOCAL REG. 5/18/1962	
26. REGISTRAR'S SIGNATURE Thelma Graham			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

W. H. Mayan

Licensed Embalmer No. _____

4640

P. O. Address _____

Advocate, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.